

SERIAL NO. FILING DATE **CLAIMS ONLY** APPLICANT(S) CLAIMS AFTER 2nd AMENDMENT AFTER 1st AMENDMENT IND. IND. DEP. DEP. DEP. **14** TOTAL IND. TOTAL IND. TOTAL DEP. _1 TOTAL DEP. TOTAL CLAIMS * MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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